

APPLICATION FOR EMPLOYMENT

Print in black ink or type answers to every question. All sections of the application must be completed.

Individuals with disabilities should contact Human Resources at (573) 882-9855 if accommodations or assistance is needed in any phase of the employment process.

PERSONAL DATA

LAST NAME	FIRST NAME	MIDDLE INITIAL
SOCIAL SECURITY NUMBER	OTHER NAMES IN WHICH RECORDS MAY BE FOUND	PREFERRED NAME, IF DIFFERENT
PERMANENT ADDRESS (number & street)	CITY	STATE ZIP TELEPHONE
TEMPORARY ADDRESS (if applicable)	CITY	STATE ZIP TELEPHONE
EMAIL ADDRESS	ALTERNATE CONTACT NUMBER	MAY WE CONTACT YOU AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO
POSITION APPLIED FOR (please be specific)	MINIMUM SALARY REQUIREMENT \$	EARLIEST EMPLOYMENT DATE AVAILABLE: <input type="checkbox"/> ON OR AFTER: _____ <input type="checkbox"/> AFTER TWO WEEK NOTICE
TYPE OF POSITION WILL CONSIDER: SPECIFY DAYS & HOURS IF PART TIME		
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		
HAVE YOU EVER WORKED IN A PAID, CONTRACT, CLINICAL OR VOLUNTEER CAPACITY WITH OUR AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, LIST THE NATURE OF POSITION, OFFICE LOCATION, AND APPROXIMATE DATES OF EMPLOYMENT		
HAVE YOU EVER WORKED FOR ANOTHER STATE AGENCY IN MISSOURI? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, LIST THE DATES OF EMPLOYMENT AND AGENCY		
NAMES OF ANY RELATIVES EMPLOYED BY THIS AGENCY (NAME) (RELATIONSHIP)		
HAVE YOU EVER BEEN FOUND GUILTY OF OR PLED GUILTY TO ANY VIOLATION OTHER THAN MINOR TRAFFIC LAWS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, PLEASE EXPLAIN FULLY. Note: Disclosure of a criminal record does not automatically disqualify you from employment consideration.		

PLEASE CHECK ALL LOCATIONS YOU WILL CONSIDER FOR EMPLOYMENT

☐ Check this box if you will consider employment anywhere statewide

CENTRAL REGION:	EASTERN REGION:	NORTHERN REGION:	SOUTHEASTERN REGION:	SOUTHWESTERN REGION:	WESTERN REGION:
<input type="checkbox"/> Columbia	<input type="checkbox"/> Farmington	<input type="checkbox"/> Chillicothe	<input type="checkbox"/> Cape Girardeau	<input type="checkbox"/> Ava	<input type="checkbox"/> Harrisonville
<input type="checkbox"/> Fulton	<input type="checkbox"/> Hillsboro	<input type="checkbox"/> Hannibal	<input type="checkbox"/> Caruthersville	<input type="checkbox"/> Bolivar	<input type="checkbox"/> Kansas City
<input type="checkbox"/> Jefferson City	<input type="checkbox"/> Rolla	<input type="checkbox"/> Kirksville	<input type="checkbox"/> Kennett	<input type="checkbox"/> Carthage	<input type="checkbox"/> Liberty
<input type="checkbox"/> Moberly	<input type="checkbox"/> St. Charles	<input type="checkbox"/> Maryville	<input type="checkbox"/> Poplar Bluff	<input type="checkbox"/> Lebanon	<input type="checkbox"/> Nevada
<input type="checkbox"/> Sedalia	<input type="checkbox"/> St. Louis City		<input type="checkbox"/> West Plains	<input type="checkbox"/> Monett	<input type="checkbox"/> St. Joseph
	<input type="checkbox"/> St. Louis County			<input type="checkbox"/> Springfield	
	<input type="checkbox"/> Troy				
	<input type="checkbox"/> Union				

Comments/Location Preference Information: _____

EDUCATION

HIGH SCHOOL	NAME & LOCATION OF SCHOOL	INDICATE HIGHEST GRADE COMPLETED												HIGH SCHOOL GRADUATE OR HIGH SCHOOL EQUIVALENCY	
		1	2	3	4	5	6	7	8	9	10	11	12	<input type="checkbox"/> YES	<input type="checkbox"/> NO
COLLEGE/ PROFESSIONAL & OTHER SPECIAL TRAINING	NAME & LOCATION OF SCHOOL	FROM	TO	MAJOR/ MINOR		DEGREE (OR HIGHEST GRADE COMPLETED)									

LIST ANY SCHOLARSHIPS, ACADEMIC HONORS, AWARDS OR SPECIAL ACHIEVEMENTS

ATTORNEY APPLICANTS ONLY	ARE YOU LICENSED TO PRACTICE LAW IN THE STATE OF MISSOURI AND CURRENTLY IN GOOD STANDING WITH THE MISSOURI BAR?	IF YES, LIST MISSOURI BAR NUMBER
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	IF NOT CURRENTLY LICENSED IN MO, WHEN DO YOU ANTICIPATE LICENSURE TO PRACTICE LAW IN THE STATE OF MISSOURI?	IF LICENSED IN ANOTHER STATE, PLEASE INDICATE STATE(S) OF LICENSURE

EMPLOYMENT HISTORY

PROVIDE EMPLOYMENT INFORMATION FOR LAST 10 YEARS, BEGINNING WITH CURRENT OR MOST RECENT EMPLOYER. ATTACH ADDITIONAL SHEETS IF NECESSARY. **NOTE: A RESUME MAY NOT BE SUBSTITUTED FOR THE INFORMATION REQUIRED IN THIS APPLICATION.**

CURRENT OR MOST RECENT - NAME OF EMPLOYER				TELEPHONE (include area code)
ADDRESS (number & street)	CITY	STATE	ZIP	IMMEDIATE SUPERVISOR
EMPLOYMENT DATES (MONTH & YEAR) FROM: TO:	TITLE OF POSITION	SALARY AT START \$		SALARY AT END \$
DESCRIPTION OF DUTIES				
REASON FOR SEEKING OTHER EMPLOYMENT				
MAY WE CONTACT THIS EMPLOYER?				
<input type="checkbox"/> YES <input type="checkbox"/> NO If no, please explain:				
NAME OF EMPLOYER				TELEPHONE (include area code)
ADDRESS (number & street)	CITY	STATE	ZIP	IMMEDIATE SUPERVISOR
EMPLOYMENT DATES (MONTH & YEAR) FROM: TO:	TITLE OF POSITION	SALARY AT START \$		SALARY AT END \$
DESCRIPTION OF DUTIES				
REASON FOR CHANGE OR LEAVING				
MAY WE CONTACT THIS EMPLOYER?				
<input type="checkbox"/> YES <input type="checkbox"/> NO If no, please explain:				

PLEASE INDICATE SKILL BY CHECKING THE APPROPRIATE BOXES:

<input type="checkbox"/> TYPING	<input type="checkbox"/> WORD PROCESSING	<input type="checkbox"/> COMPUTER SOFTWARE
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_____ W.P.M.

LIST SOFTWARE: _____

OTHER OFFICE EQUIPMENT YOU ARE FAMILIAR WITH

LIST FOREIGN LANGUAGES THAT YOU SPEAK OR READ PROFICIENTLY

ARE THERE ANY OTHER EXPERIENCES, SKILLS, OR QUALIFICATIONS THAT YOU THINK WOULD ESPECIALLY PREPARE YOU FOR WORK WITH THIS DEPARTMENT?

REFERENCES

DO NOT LIST RELATIVES. INCLUDE INDIVIDUALS WHO HAVE KNOWLEDGE OF YOUR BACKGROUND.

NAME	ADDRESS	TELEPHONE (include area code)
OCCUPATION	RELATIONSHIP TO REFERENCE	
NAME	ADDRESS	TELEPHONE (include area code)
OCCUPATION	RELATIONSHIP TO REFERENCE	
NAME	ADDRESS	TELEPHONE (include area code)
OCCUPATION	RELATIONSHIP TO REFERENCE	

APPLICANT CERTIFICATION

- I certify that all of the statements in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that if I am employed, any falsification, misrepresentation, or omission on this application shall be considered sufficient cause for dismissal.
- If employed by the Public Defender, I understand that my employment would be "at will" and could be terminated at any time by either party, with or without cause.
- State law requires all state employees to file all state income tax returns and pay all state income taxes owed. I understand that verification of taxes owed will be conducted by the state and failure to satisfy any liability or payment owed will result in termination of employment.
- The U.S. Military Selective Service act requires males age 18 through 26 to register with the Selective Service Administration. I certify that I am registered with the Selective Service Administration if I am subject to this act.

SIGNATURE

DATE

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the Missouri State Public Defender System to make any investigations regarding my personal history. This includes the thorough investigation of my references, work record, education and any information necessary in arriving at an employment decision. I further authorize my previous employers to release to the Public Defender System any information they may have regarding my character or employment history, whether on record or not. I hereby release the Public Defender System, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

SIGNATURE

DATE

Applications will remain on file for 120 days in order to maintain control of document flow. An applicant may request to reactivate an application every 120 days, not to exceed 1 year.

THE MISSOURI STATE PUBLIC DEFENDER SYSTEM IS AN EQUAL OPPORTUNITY EMPLOYER. APPLICANTS WILL RECEIVE CONSIDERATION FOR POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, DISABILITY, AGE, SEX, SEXUAL ORIENTATION, MARITAL STATUS, VETERAN STATUS OR ANY OTHER STATUS PROTECTED UNDER LOCAL, STATE, OR FEDERAL LAWS.